

#10  
*This Thesis is ascertained to be a copy of that  
presented by Mr. Theodore Physick M.D. 1824*  
AN

ESSAY

ON

DYSENTERY

BY

WILLIAM JOHNSON

OF

DELAWARE

*Printed March 10<sup>th</sup> 1826*

1825

of which is contained in a copy of the  
presented to the Library of the  
University of Cambridge

1852

or

DISSEMINATION

or

WILLIAM JONAS

or

DELLHARE

of the University of Cambridge

1852

Dysentery, the subject of the present essay, is defined by Cullen to be a contagious pyrexia with frequent mucous or bloody evacuations, accompanied with griping or tenesmus, the alvine feces being for the most part retained. In giving to this disease a contagious character, Dr. Cullen has been followed by most of the British and Continental writers. This opinion however, has been combatted by Professor Chapman and other American physicians, who assert, that ordinarily it is not capable of being propagated from one individual to another, and that this circumstance never takes place unless the disease assumes a Typhoid type. Independently of all authority, personal observation would induce us to question the accuracy of Cullen's definition in this respect. But with this exception his definition could not perhaps be amended.



Dysentery appears to be of ancient origin, having been known so far back as the days of Hippocrates. Although peculiar to no country, it is much more prevalent in some than in others. In certain districts of our own country it prevails to an alarming extent, and often with great fatality. In Hospitals, Ships, Camps, and other crowded receptacles, it frequently assumes a most malignant aspect. This disease may occur at any season of the year, but generally it makes its appearance about the end of Summer or beginning of Autumn. In some seasons Sporadic cases of the disease are met with; in others it prevails epidemically. Dysentery sometimes commences with chillings which is soon succeeded by fever, accompanied with griping, and an ineffectual desire to go to stool.



But perhaps more frequently the typical affection appears without being preceded by rigour or chilliness; and in very many instances there is little or no febrile action. Sometimes the disease is attended by flatulence, nausea and vomiting. The discharges though frequent, are in small quantity and of an unnatural appearance, consisting for the most part of slime or mucus mixed with blood, though not infrequently they are purely sanguineous, and unaccompanied by a faecal smell. Those small undurated masses, so commonly noticed by authors under the term *Scybala*, are of very unusual occurrence. If the disease be not arrested, all of the symptoms become aggravated. The countenance assumes a peculiarly distressed appearance, the strength





Rapidly sinks, the extremities become cold, Hiccough supervenes, with other symptoms which are usually the precursors of a fatal catastrophe. But when the disease is about to have a favourable termination, the pulse becomes softer, a moisture appears on the surface, the stools are less frequent, and more copious and natural, accompanied by an alleviation of the tormina and tenesmus.

Dysentery, as has already been intimated, may sometimes though very rarely, be propagated by contagion. Most generally however, it is produced by those causes which determine to the bowels, by checking perspiration. Occasionally, it is brought on by acrid, and indigestible articles taken into the Stomach.



When the disease remains spi-  
ritual, it then, like all other  
glandular, has an antiseptic  
tendency.

With regard to the  
Pathology of dysentery, it is  
well ascertained that there  
is always more or less inflamma-  
tion of the mucous membrane  
of the lower intestines, more and  
less extending to the Spleen, and  
even to the Stomach. This inflame-  
nation, when mild, induces but  
increased mucous discharge, so  
common to the inflammation of  
the mucous membranes; but when  
excessive it has a strong tendency  
to terminate in gangrene.

In the  
treatment of dysentery, much has  
been said about the propriety of  
dissection. I am at present dissatisfied



the nature of the disease we  
should not hesitate about using  
the lancet when there is a hard  
full pulse and other symptoms  
indicative of an inflammatory di-  
athesis. And, even under these  
circumstances, little or no blood  
is usually required, unless  
the quantity of blood abstracted  
is very considerable. An emetic  
or single bloodletting, however copious  
may suffice, so long as the  
symptoms abate, and if it continues  
it may be repeated without any  
apprehension of injurious consequences.  
When directed by a sound and  
discriminative judgment, blood-  
letting relieves the spasmodic action  
of the vessels, restores interrupted  
exchanges and soothes the  
irritated and inflamed parts. The  
certainty of the system to the impas-



of other remedies. Yet it must  
be confessed that there are man-  
cases in which the lancet must be  
dispensed with, and others in  
which it cannot be used without  
manifest injury; this is particularly  
observable in some Scandians, and  
in certain districts of countries where  
the disease from the commencement  
assumes a typhoid character.

Having removed  
excision or if that operation is  
contraindicated by the state of the  
System, we must in the next place  
proceed to remove the alimentary  
canal. For this purpose, where  
there is much gastric derange-  
ment, aimed by nausea, and vomit-  
ing, &c. &c. and other such matter  
as is often the case in miasmatic  
situations, it will be advisable to  
direct an emetic. And in this





instance, ipecacuanha is perhaps  
preferable to the antimonial pre-  
parations. Though we are aware  
that the emetic tartar, James's powder  
and the vitrum antimonii crustum  
are recommended by practitioners  
of no little eminence. With re-  
spect to the latter article, which  
was introduced into regular medi-  
cine by the classic Dr Sydenham  
and afterwards is highly cele-  
brated by Sir John Sturges, we  
have never seen <sup>it</sup> given with a view  
to its emetic operation. But when  
exhibited in small doses, and  
in the early stage of the disease,  
we have repeatedly witnessed the  
most striking benefit from it,  
especially in that form of the  
disease, accompanied by  
considerable remittent dis-  
charges. In these cases it is



Sometimes acts as a cathartic  
luncheon, and as such the rectal  
injections; at other  
times it arrests the disease with-  
out any sensible operation.

Cathartics

have been consecrated to the  
treatment of dysentery, by the  
unanimous consent of practi-  
tioners in every section of the  
world. Still however some dif-  
ference of opinion remains as  
to the relative efficacy of the  
articles composing this class.  
Calomel is perhaps the most  
suitable purgative to combine  
with. But in order to obtain  
its full effect, judicious and  
personal observation is neces-  
sary it must be given in  
large doses, and it is one  
of those medicines whose cathar-



the operation is not in a ratio  
proportionate to an increase  
of the ordinary dose we need  
not be apprehensive of its pro-  
ducing the pleurthoritis. I have  
therefore only have I been surpris'd  
at the salutary impression  
which twenty grains of Calomel  
made on the disease, when  
comparatively little benefit was  
produced by half that quantity.  
The benefit being pointed  
out to me by the Mercurial  
operation just mentioned we  
may have recourse to some of  
the other medicines of the  
other Medicines of the same  
class. As the Calomel is  
often better, or what renders  
anxious better, the latter which  
is continued with small portions  
of tartarized antimony, with or



without a few drops of laudanum  
according to the circumstances of the case.

In consequence of the  
ever arising, and spasmodic irrita-  
tion which must be supposed, ear-  
ly is better. Nevertheless, if there be  
much inflammatory action, it is  
contraindicated until this ac-  
tion is in some measure subdued  
by direct depletion. To pursue the  
use of this remedy, is, according to  
narrow and condemned by the  
high authority of Cullen, we re-  
quire a mass of evidence in its  
favor, that we must consider its  
objection to it founded on true  
grounds. It is true, that the  
true nature of the construction of  
the brain operates in, rendering  
the spasmodic action not un-  
frequently, and, even, the occasional  
differences. — and in the case





principle. When combined with purga-  
tives they promote their operation.

But Opium is commonly given  
in combination with some of these  
articles which determine to the  
surface. Laves & such are of the  
the preparations for this description  
is the most useful, and with the  
most decided utility. In order  
to make it make a permanent  
impression on the disease it  
must be repeated every five or  
six hours and sometimes more.  
Occasionally, also it may  
be advisable to add to Laves  
under a notion of Stimulus.

Another description which may  
be employed with many decided  
advantages is a combination  
of Opium, Calomel and Treac-  
le. In the preparation of  
only a grain of the former and



of the latter and two of Calomel  
to be repeated every three or  
four hours. Besides those reme-  
dies which have already been  
enumerated, various others have  
at different times been recom-  
mended in the treatment of dys-  
entery. But into the considera-  
tion of these I cannot, at this time  
enter, without encroaching too  
much on your time and patience.  
Suffice it to say that among  
these are Ipecacuanha, those  
which no article has been more  
highly extolled, Saccharum Sa-  
turni, Prussiat of Iron, Charcoal,  
the mineral acids, opium, Suppo-  
sitories, butter, Flaxseed tea,  
with laudanum, Starch and the  
enemata; <sup>+</sup>Epispastics, the warm  
bath, hot fomentations, the Flannel  
roller &c most of which may, at

+

X

X



times be resorted to, with unequivocal  
advantage.

As yet we have said nothing  
respecting the diet in Dysentery.  
There being much irritation and inflamma-  
tion, the patient must evidently  
be restricted to the most bland  
articles, and even they should be  
given in a fluid form. Rice Water,  
Barley water, Malted whey, The  
mucilages of Tragacanth & Arabic,  
Shepherd's clow, Sage, Anniseed, Popweed  
&c, are of this nature and will be  
found to afford sufficient nourish-  
ment.

Handwritten text, likely bleed-through from the reverse side of the page. The text is illegible due to fading and the age of the paper.

71